The Special Attention of Physicians	is Respectfully Invited to the Re	marks below, and to	List of Diseases on back of t	his Certificate.
	Department,	City of	Baltimore.	0
to the Undertaker or other person s requested so to do, under penalty of	Office of Registrar any person in a last illness, is respondent the burial, within law. T FOR BURIAL CAN BE OBTAINED	onsible for the prese twenty-four hours aft	ntation of the spiritual and the decease	2 Jones 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CER	TIFICATE			END
Date of Death,		may		12
Full Name of Deceased, \	not named, give names of parents.	Hattie m	c Clasky	~
Age,	Years,	18 Mont	hs,	Days.
Color,		и	hite	1
Married, Single, Widow o	r Widower, {Cross out the word required in this lin	ls not }	yer	<i>[</i>
Occupation, Birth Place, State or country, an long in the United if of foreign birth.	d how States,	Rollo		
Duration of Residence in	the City of Baltimore,	, lig	letrue	
Place of Death, {Give Street ar Number.	1	1088. 3	nonnenet	
Cause of Death, {	imary), Deute	ouvel	cors	
Duration of Last Sicknes				
Place of Burial, Bg	Ctimore &	emery	8	
Date of Burial,	inday of	Aff	all hos)
J Undertaker, Mr	It Heckton	NM	Medical Attendar	
Place of Business,	intral autal	dress, 40	3 4 Cycles	4 >

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Kespectfully Invited to the Remarks below, and to list of Diseases on Back of this Certificate.
Health Department, City of Baltimore.
Permit No. 9673 Office of Registrar A vital Statistics. Ward The Physician who hitended any person in a last illness, is respecible for the presentation of this Certificate, accurately filled.
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within arraby-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law. No Permit for Burial can be Obtained Dithout a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, May 6 188
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.}
Sex, Male or Female, (Gross out the word not)
Age, 60 Years, Months, Days
Color, White
Married, Single, Widow or Widower, {Cross out the words not }
Occupation, Jailor
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, 36 40 and
Place of Death, {Give Street and} 36 0 %. Union Shumber.
Cause of Death, Second (Immediate),
Duration of Last Sickness, All the above information about be furnished by the Physician
Place of Burial, Louden Sark
Date of Burial, May the 9 W. Thickert M.D.
J Undertaker, Walter Innel Medical Attendant.
Place of Business, 594 W. Bideles Inddress, Penna An a Robert of

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

				The second second second
The Special Attention of Physician	s is Respectfully Invited to the B	lemarks below, and to	List of Diseases on	back of this Certificate
Bealth	Department,	City of	Baltim	ore/
to the Undertaker or other person	any person in a last illness, is responsible to the superintending the burial, within	ponsible for the prese	ntation of this Cert	Ward ificate, accurately filled and deceased, or sooner, i
requested so to do, under penalty of No Permo	if law.	NED WITHOUT A PRO	PER CERTIFICATE.	
CER	TIFICATE	OF D	EAT	H DEPARTURE
Date of Death,	May	7/87	, (*	MAY 7 1087
Full Name of Deceased,		Marles &	right	TIMORE
Sex, Male or Female, Cros	of parents.	4	leiger	
Age,	Years,	2 Mont	hs,	
Color,	while	1	4	/
Married, Single, Widow	w Widower, {Cross out the wor	rds not }		/
Occupation.	785-	·	: / / !	/
Birth Place, State or country, as long in the United if of foreign birth.	states, Ball			
Duration of Residence in	the City of Baltimore	7	1/	
Place of Death, Give Street at Number.		Opmy	01,	
Cause of Death, {	imary), Mara Immediate),	smus		
Duration of Last Sicknes		200:	4 x 34 x	
Place of Burial, Ba	ltimore Demo	-		
Date of Burial, May	4900)	(11711)	2 1- 5	,
(Undertaker, Fred	Back	Cuo, nua	Medica Medica	M. D.
Place of Business 107	& Bewoline S	Taress. 129	O Bon	alway

Section 2. And be it further exacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case and date of death.

10. 774/5
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.
Bealth Department, City of Baltimore.
Permit No. 99675 Office of Registrar of Vital Statistics. Ward 7"
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decreases on the person superintending the burial, within twenty-four hours after the death of said decreases on the person superintending the burial, within twenty-four hours after the death of said decreases on the person superintending the burial, within twenty-four hours after the death of said decreases on the person superintending the burial, within twenty-four hours after the death of said decreases of the person superintending the burial, within twenty-four hours after the death of said decreases of the person superintending the burial, within twenty-four hours after the death of said decreases of the person superintending the burial, within twenty-four hours after the death of said decreases of the person superintending the burial, within twenty-four hours after the death of said decreases of the person superintending the burial, within twenty-four hours after the death of said decreases of the person superintending the burial, within twenty-four hours after the death of said decreases of the person superintending the burial superintending the burial superintending the person superintending the burial superintending the bur
CERTIFICATE OF DEATHAY 7 1007
Date of Death, May Offil 88 TIMORE
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Months, Days.
Color, Colecto
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and }
Cause of Death, Second (Immediate), Second (Immediate),
Duration of Last Sickness, All the above information should be furnished by the Physician.
Place of Burial, Mr. Taluchs
Date of Burial, May 9 1/8h
Undertaker, M. Clashe 4 - 20 St. College M. D. Medical Attendant.
Place of Business, 92 a Maris of facile street

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Accention of Laystolans is nespectatly invited to the members of the control of the	
Bealth Department, City of Baltimore.	4
Permit No. 99676 Office of Registrar of Vital Statistics. Ward	
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decreases of the Certificate of the Certificate of the Undertaker or other person superintending the burial, within twenty-four hours after the death of said decreases of the Certificate of	ont,
CERTIFICATE OF DEATHAY 7 1007	0/
Date of Death, May 6. 1887	
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.	e.
Sex, Male or Female, {Cross out the word not }	
Age, 63 Years, Months, Do	ays.
Color, Lorhibe	
Married, Single, Widow or Widower, {Cross out the words not }	
Occupation, About	
Birth Place, State or country, and how long in the United States, if of foreign birth.	
Duration of Residence in the City of Baltimore, Holy - sour	
Place of Death, (Give Street and) 1701 have one ound twe.	
Cause of Death, Second (Immediate), Carcinonal of left ling	a ch ,
Duration of Last Sickness, Line Luces.	
Place of Burial, Freew Mount Com	
Date of Burial, May 10" 187	D.
Undertaker, M. C. Sayes ally Place of Business, 229 Signal Address, 2000 & Dall Francisco	4.

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of he Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ind date of death.

[OVER.]

The Special Attention of Physicians	s is Respectfully Invited to the	Remarks below, and to Li	at of Diseases on back of	this Certificate.
Health	Department,	City of	Baltimore.	. 11
Permit No. 99677	Office of Registre			
to the Undertaker or other person requested so to do, under penalty of	superintending the burial, with	in twenty-four hours after	the dead of salvings	The state of the s
CER	TIFICATE	OF DI	TATH	687
Date of Death,	May 60	1887	1	(B
	of parents.	wicheal &	odnez	V/
Sex, Male or Female, {Cro	oss out the word not uired in this line.	·····		_
Age, 6 8	Years,	Months	,	Days.
Color,	While			
Married, Single, Widow	or Widower, Cross out the w	ords not }		
Occupation,	Labor	rer		
Birth Place, State or country, a long in the United if of foreign birth.	States,	land -	1-	V
Duration of Residence in		re, Swenty	hire years	
Place of Death, Give Street a Number.	md} 426/	Centra	e and	
Cause of Death, \	rimary), Sylvesia (Immediate), Sylvesia (Imm	hord Preu	monie	
Duration of Last Sickne	furnished by the Physician.	our days	7	
Place of Burial, Hol	y Cross Cem	4		
Date of Burial, Man	49/1	Aland	7	
J Undertaker, MIN	saijer ally	A Mys	hery En Medical Attend	MP. D.
Place of Business,	Dog Styroady	Address, 1102 9	Balle Is	
Extract from Regulations of th	ne Board of Health to secur	re a full and correct i	record of the Vital St	atistics in the

City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks be	elow, and to list of Disagree on heat state
Bealth Benartment Ait	n of Rultiman
Permit No. 99678 Office of Practice	y of Wailimore.
The The Line of Registrar of	Vital Statistics W.
requested so to do, under penalty of law	or the presentation of this Certificate, accorately filled out
No PERMIT FOR BURIAL CAN BE OBTAINED WITHO	OUT A PROPER CERTIFICATE
CERTIFICATE OF	DEAFTEDER
Date of Death, May 6th, 887	MAY 7 827
Full Name of Deceased, { Write legibly and spell not named, give names }	betto ON TIMORE 10
remale, ross out the word not }	
Age, Years,	W- 11
Color, White	Months,
Married, Single, Widow or Widower, {Cross out the words not }	
occupation, Cook	
Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Date of	
Duration of Residence in the City of Baltimore, 35	John Muer da
Number 1	
Cause of Death, First (Primary), Paralypia	agitaus !
All the above information should be furnished by the Physicial.	
Place of Burial, Smeet Thrus	
Date of Burial, May 8 187)	00
Undertaker l. florenberger Osca	in Has King M. D.
Place of Business, 321 Garkane Address, &	Medical Attendant.
xtract from Regulations of the Board of Health to secure a full and co City of Baltimore.	Talvesto.
SECTION 2. And be it further engeted and a City of Baltimore.	prect record of the Vital Statistics in the
Section 2. And be it further enacted and ordained, That whenever any person enty-four hours after the death, to the Undertaker or other persons superintending assume can be ascertained, the full name, sex, age, and condition (whether married date of death.	d or single) of the person deceased, and the cause
	[OVER.]

The Sp

Permit To the Urequest

Date
Full

Sex,

Age, ...
Color,

Marr Occup

Birth

Dura Place

Cause

Dura

Place

Date

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The Special Attention of Physicians is R	espectfully Invited to the Re	marks below, and to Lis	st of Diseases on back of t	this Certificate.
Health I	gepartment,	City of	Baltimore.	
Permit No. 99 579 Off The Physician who attended any p to the Undertaker or other person super requested so to do, under penalty of law	fice of Registrate erson in a last illness, is respintending the burial, within	onsible for the presentate twenty-four hours after	tistics. Ward tion of this Certificate, accepted the death of said decease	curately filled out,
CERT	IFICATE	OF DE	CATH	灣
Date of Death,	m	Ay 7 th 189	57 1887 04/7104	584)
Date of Death, Full Name of Deceased, write correspond to the sex, Male or Fewerste, cross out required is	e legibly and spell ctly. If an Infant named, give names the word not to this line	ranicl S	erny	
Age, /5		Months,	/	Days.
Color, Bla				*=
Married, Single, Widow or V		ds not }	J	
Occupation, Coman Birth Place, State or country, and hove long in the United States if of foreign birth.	co Boy Calver	t Count	7	
Duration of Residence in th				
$egin{aligned} Place & of & Death, \{^{ ext{Give Street and}}\} \ . \end{aligned}$ $egin{aligned} Cause & of & Death, \{^{ ext{First (Primar Second (Imm)}\}} \ . \end{aligned}$	y), Tetanic, C ediate), Straining	onvilsions	resulting	from
Duration of Last Sickness,	24	homo		
Place of Burial, Sharty. Sh	treet Cometery			
Date of Burial, Wary 8	1887 1)	-81	201	

Place of Business, 641 & Mound St. Address, # 10 11

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore. Office of Registrar of Vital Statistics. Ward

out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased or soone
if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.
CONTRACTOR OF DEATHER
CERTIFICATE OF DEATH
17 1807
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, OH Years, Months, Days
Color, white
Married, Single, Widow or Widower, Cross out the words not will willow and will be wil
Occupation,
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore, Since child hood
Place of Death, Give Street and 404 St. Paul A.
Cause of Death, First (Primary), Head disease Second (Immediate).
Second (Immediate),
Duration of Last Sickness, Several years.
All the above information should be furnished by the Physician.
Place of Burial, & reenmount
Date of Burial, Ollay 7/87 \ 30 Box
Date of Bartal, M. D.
Undertaker, C. J. Scriver M. D. Medical Attendant.
5 - Do Star 1 5 - Do Sh 1

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Address,

Section 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Boara of Health, Cuy of Datemore,	
Permit No. 9968/ Permit No. 9968/	
The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accuratly fit. The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accuratly fit is the presentation of the Certificate, accuratly fit.	Ued .
tt, to the Undertaker or other person superintending the builtin, within the state of the decrease of the person superintending the builtin, within the state of	3
No Permit for Burial can be Obtained without a Proper Certificate.	K
CERTIFICATE OF DEATH.	7
7- , 7 1007	
Date of Death, Programme De O (12 - 0 200 Em or	
Pate of Death, Morite ligibly and spell Correctly. If an Infant not named, give names of parents.	
of parents.	
Sex, Modern Female, (cross out the word not)	ays.
Age, 29 Years, Months,	
Color, While	
Married, Single, Wilow or Widower, (Cross out the word not) required in this line.	
Married, Single, Widow or Wedower, required in this line.	
Occupation, Houston Texas	
(State or country, (and now)	. 1
Birthplace, \{\text{long in the United States,}\} Duration of Residence in the City of Baltimore, The States of Baltimor	
TO 17 (Cive etveet and)	
Place of Death, Investment of	
Cause of Death Second, (Immediate,)	
Duration of last Sickness, All the above information should be furnished by the Physician.	
Place of Rurial INEEn mount	
may god 87 Nathank. Torter - 1	V. 1
Date of Burial, Medical Attend	ant.
Place of Burial, In Sen Mount Date of Burial, Mount Surviver of Surviver of Burial, Mount Surviver of Business, Mark to aratiga Address, S.W. Car. Charles & Mulhi Place of Business, Mark to aratiga Address, S.W. Car. Charles & Mulhi Place of Business,	en
Place of Business, Jan To aranga Address, J. W. Car.	1

SECTION 2. And be it further enacted and ordained. That whenever any person shall die in the said city, it shall be to duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, the furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate of the furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate of the furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city, it shall be to duty of the person shall die in the said city of the person shall die in the said city of the person shall die in the said city of the person shall die in the said city of the person shall die in the said city of the person shall die in the said city of the person shall die in the said city of the person shall die in the said city of the person shall die in the said city of the person shall die in the said city of the per

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City of Raltimore